



CAN YOU BRING US A HOSPITAL?

When initial CHPS durbars were conducted to inform communities about the idea of placing a nurse in convenient locations, it was common for someone to ask, 'Can you bring us a hospital?' Having any government facility or office in their midst confers prestige on rural communities in Ghana. But for health, this is particularly important since hospitals are, in the minds of many people, synonymous with having any care at all. This is always the appeal made by chiefs, community leaders, and opinion leaders whenever they are asked about health delivery needs in their communities.



The Bontibor CHO and Village Health Committee conduct community meeting

The Ministry of Health (MOH) receives continuous requests for the establishment of hospitals, clinics, and health centres, and also appeals for upgrading such facilities where they are already available.

But the Ministry of Health has been careful in responding to these requests in order not to contradict its own regulations and criteria for establishing static health facilities which allows for health centres to be set up at a minimum radius of 7 km apart.

It is against this background that many communities in the Nkwanta District of the Volta Region enthusiastically greeted the new strategies under the

Community-based Health Planning and Services (CHPS) Initiative.

Keri village is an example of ways in which community enthusiasm for developing a "hospital" could be channeled into developing the appropriate facility required for posting of a Community Health Officer (CHO).

The concept of a Community Health Compound (CHC) was promoted as a hospital that would be community owned and constructed, with services that would be linked to subdistrict clinics and the District Hospital. The first CHC was developed by renovating an abandoned building.

Once services were started, community interest in a CHC was directed to finding a home for existing services. Eventually, partial support for two CHC was provided by World Vision International, a community development nongovernmental organization (NGO). Their contribution was part of a 15-year development plan for Nkwanta District.



Women fetching sand for CHC construction in Obanda zone

Under the circumstances, the CHC has become a symbol of "collateral for participation" for solving health problems in the zone. Enthusiasm for CHPS

has been grounded in this evidence that a community “hospital” is a possibility. Ms. Rejoice Adenyo, a CHO in charge of Keri zone who has testified to the enthusiasm of the people, praised ‘the new sense of ownership and loving care of the people’. She said that the community has provided her with a security guard and many overtures of goodwill to ensure her safety and comfort.

Mr. Joseph Challa, Keri assembly member, said the CHPS process has brought health care to their doorsteps, implying that the CHPS initiative is better than having a hospital. ‘This programme has really brought us together as a people. The new nurse has made things change because it has reduced the cost in traveling to Nkwanta for health services’, he confirmed.

Indeed, the early success story of replicating the CHPS concept in the Nkwanta District is unique. The communities contributed in many aspects toward the accelerated implementation of the concept. These acts include the provision of furniture and communal labour for the construction of the CHC. The community assists regularly in clearing the community compounds and further organizes each CHO to conduct health education discussions.

Enthusiasm to own a health facility is further demonstrated by the assistance communities provide to the CHO in conducting farming, completing basic household chores, or providing security. Community support enables the CHO to concentrate on health care delivery for the people.

For now, it can be said that the people of Keri have embraced the CHPS strategy for broadening accessibility to health care. They have accepted the reality that with the large doctor-patient ratio (1:187,000), the only possible means of acquiring health care is to reduce the workload on the doctor and expand the role of CHO, enabling her to perform a more comprehensive programme of health services.

The community has acknowledged that with the introduction of the CHPS programme there has been an improvement in immunization coverage, a reduction in maternal deaths, a decline in infant mortality, and an increase in family planning practices. Clearly, their “hospital” and its nurse are putting success to work.



CHC construction in Bontibor zone

Comments? Opinions? Suggestions? Please share your local experiences by writing to:

Putting Success to Work

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